											·
Bill	ed Entity A	pplicant #: 13	1976			Applicant's F	orm Identif	ier: DMF	PS4710101		
Con	tact Person:	Greg Dav	/is			Phone Numb	er: 515-2	42-7773	<u> </u>		
BL	OCK 5: Di	scount Funding	g Request(s)	<u></u>			Pag	ge 262 of 319			
Instr num	uctions: Use ber the comp	one Block 5 pag bleted pages to as	e for EACH ser sure that they ar	vice (Funding e all processed	Request Numb	per) for which y	ou are reque	sting discounts. Ma	ike as many copie	es of this page a	as necessary, and
FR	N #				(to be	assigned by	administ	rator)			
11		of Service (only Communications Se	2 ,		ed) ● Internal Co	onnections		Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if	RFP#	00-48E
12	Form 470	Application Nu	mber:	704	340000296620)		Billing Account Nu (e.g. billed telephon	e number)	N	/A
								Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		rvice Provider ion Number:			143007606			Contract Award Dat (mm/dd/yyyy)		01/12	/2001
								Service State Date (n			/2001
14	Service Pr	ovider Name		Norstan	Communica .	tions	20	Service End Date (macontract Expiration (mm/dd/yyyy)			/A //2002
21	Descriptio	n of this Service:					g breakdown o	of components and cos and note number in space		Attachment /	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	N	lumber of the en	tity from Block	4 receiving this s	ervice.	by others), list the En			
22	Calasta			the service is st .g. A-1)	nared by all enti	eties on a Block 4	worksheet, list	t the worksheet numbe	er:		
23	Calculatio		·								
		······	rring Charges			Non	-Recurring		<u></u>	Total Charge	
	A	В	C	D	E	F	G	Н	I	J	K
(tota	thly \$ charges all amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000

	·						1					
Bille	ed Entity A	pplicant #: 13	1976				Applicant's F	orm Identifi	er: DMI	PS4710101		
Cont	tact Person:	Greg Dav	vis				Phone Numb	er: 515-24	12-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)				Page	e 263 of 319	-		
Instri numl	uctions: Use per the comp	e one Block 5 pag bleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb correctly.	er) for which y	ou are reques	ting discounts. Ma	ake as many copie	es of this page a	ns necessary, and
FRI	V #					(to be	assigned by	administr	ator)			
11		of Service (only (mmunications Se				ed) ● Internal Co	onnections	n	Contract Number (if T" if tariffed service, nonth-to-month servi escribed in instruction	, "MTM" if ces as	RFP#	00-48E
12	Form 470	Application Nu	mber:	-	7043	340000296620		17 A	Billing Account Nu e.g. billed telephon Allowable Vendor So	e number)	N	/A
		····							Contract Date: (mm		12/12	/2000
13		rvice Provider tion Number:			1	143007606			Contract Award Dat mm/dd/yyyy)	te	01/12	/2001
				 					ervice State Date (r			/2001
1.4	Carata								ervice End Date (m			/ A
14		ovider Name	·			Communicat			Contract Expiration mm/dd/yyyy)		06/30	0/2002
21	Descriptio	n of this Service:		You Mi relevani	UST attach a de t brand names.	scription of the Label this descri	service, includin ption with an At	g breakdown of tachment #, and	f components and con I note number in spa	sts, plus any ce provided below.	Attachment #	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is	Nι	imber of the ent	tity from Block	4 receiving this s	service.	oy others), list the En			
					the service is sh	ared by all entit	les on a Block 4	worksheet, list	the worksheet numb	er:		
23	Calculatio	ns										:
		Recu	rring C	harges			Nor	-Recurring (Charges		Total Charge	S
	A	В	(C	D	E	F	G	Н	I	J	K
(tota	hly \$ charges l amount for service)	How much of the S amount in (A) is ineligible?	amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	U	0	ι '	0	0	0	5,000	0	5,000	5,000	00%	\$4,000

Bille	ed Entity A	pplicant #: 131	976			Applicant's I	Form Ider	ntifier: DM	PS4710101		
Con	tact Person	Greg Davi	S			Phone Numb	er: 51	5-242-7773			
BLC	OCK 5: Di	iscount Funding	Request(s)			1]	Page 264 of 319			
Instru numl	uctions: Use ber the comp	e one Block 5 page pleted pages to assu	for EACH ser	vice (Funding e all processe	g Request Num d correctly.	iber) for which y	you are rec	questing discounts. M	lake as many cop	ies of this page	as necessary, and
FRI	N #		······································		(to b	e assigned by	y admin	istrator)			
11	O Teleco	of Service (only O	vices O Inte	hould be chec			15	Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" if	RFP #	400-48E
12	Form 470	Application Nun	nber:	70	434000029662	:0	16 17	Billing Account N (e.g. billed telepho Allowable Vendor S Contract Date: (mr	ne number) Selection/		I/A
13	1	rvice Provider tion Number:			143007606		18 19a	Contract Award Da (mm/dd/yyyy) Service State Date (ite	01/1:	2/2000 2/2001 1/2001
							19b	Service End Date (n	nm/dd/yyyy)		I/A
14	Service Pr	ovider Name		Norsta	n Communic	ations	20	Contract Expiration (mm/dd/yyyy)	n Date	06/3	0/2002
21	Descriptio	on of this Service:						vn of components and co t, and note number in spa		. Attachment	# USFATCH0105
22	Entity/Ent Service:	tities Receiving this	1	lumber of the e	ntity from Block	4 receiving this	service.	red by others), list the E		-	
				g. A-1)		Ittes on a Block 4	worksheet,	, fist the worksheet nume	561.		
23	Calculatio	ons					—·—	- -			
	 -	Recur	ring Charges			Nor	ı-Recurri	ng Charges]	Total Charge	s
	A	В	C	D	E	F	G	Н	I	J	K

Annual non-

recurring (one

time)\$

charges

7,500

How much of

the \$ amount

in (F) is ineligible?

0

Annual eligible

pre-discount \$

amount for one-

time charges

(F minus G)

7,500

Total program

year pre-discount

\$ amount

(E & H)

7,500

% discount

(from Block 4

worksheet)

60%

Funding Commitment \$

Request

(l x J)

\$4,500

大学の大学の大学 をある かいかん 大学の大学

Monthly \$ charges

(total amount for service)

0

How much of the

\$ amount in (A)

is ineligible?

0

Eligible monthly

pre-discount

amount

(A minus B)

0

of months

service

provided in

program year

0

Annual pre-

discount for

eligible

recurring

charges (C x D)

	Ü.											
Bille	d Entity A	pplicant #: 13	1976				Applicant's I	Form Identi	ifier: DMI	PS4710101		
Cont	act Person	Greg Dav	vis				Phone Numb	er: 515-	-242-7773			
BLC	CK 5: Di	scount Fundin	g Reque	st(s)				Pa	ige 265 of 319			
Instru numb	ictions: Use per the comp	one Block 5 pag deted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb	per) for which y	you are requ	esting discounts. Ma	ake as many copi	es of this page	as necessary, and
FRN	, <u>-</u>					(to be	assigned by	y adminis	trator)			
11	Category	of Service (only (ONE cate	gory sho	ould be check	ed)		15	Contract Number (if			
·	O Teleco	mmunications Se	rvices	O Intern	net Access	• Internal Co	onnections		"T" if tariffed service, month-to-month servi described in instruction	ces as	RFP#	00-48E
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account Nu (e.g. billed telephon	1	N	/ A
								17	Allowable Vendor Se Contract Date: (mm	election/	12/12	2/2000
13		vice Provider ion Number:			<u> </u>	143007606		18	Contract Award Dat (mm/dd/yyyy)			2/2001
					•	13001000		19a	Service State Date (n	nm/dd/yyyy)		/2001
								19b	Service End Date (m	m/dd/yyyy)	N	/A
14		ovider Name			Norstan	Communica	tions	20	Contract Expiration (mm/dd/yyyy)	Date	06/30)/2002
21	Descriptio	n of this Service:							of components and cos and note number in space		Attachment #	# <u>USFATC110105</u>
22	Entity/Ent Service:	ities Receiving thi	s				vided to one site a		d by others), list the En	tity 58967 -		
			Ì	b. If t	he service is sh	ared by all entit	ties on a Block 4	worksheet, li	st the worksheet number	er:		
23	Calculatio	ns		(6.8	3. A-1)		·					
		Recu	rring Ch	arges			Non	-Recurring	Charges		Total Charge	s
	A	В	C	!	D	E	F	G	Н	I	J	К
(total	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one-	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	J	٠ ١	l G	'	U	0	יטט, כ	U) <i>3,</i> 000	3,000	0 √%	ֆ 4,000

Billed Entity Applicant #: 131976

Contact Person: Greg Davis

Phone Number: 515-242-7773

BLOCK 5: Discount Funding Request(s)

Page 266 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FR	N #	(to be assigned by	y admini	strator)	
11			15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	low. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this s	service.		45 -
22	Colored ii	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Nor	-Recurring C	harges		Total Charge	S
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	50,000	0	50,000	50,000	60%	\$30,000

Bille	ed Entity A	oplicant #: 13	1976			Applicant's I	orm Identif	ier: DMF	S4710101		
Con	tact Person:	Greg Day	⁄is			Phone Numb	er: 515-2	42-7773			
BLO	OCK 5: Di	scount Funding	g Request(s)			. ·	Pag	ge 267 of 319			
Instr num	uctions: Use ber the comp	one Block 5 pag leted pages to ass	e for EACH se sure that they a	rvice (Funding re all processed	Request Numl correctly.	ber) for which	you are reque	sting discounts. Ma	ike as many copie	es of this page a	is necessary, and
FRI	¥ #				(to be	assigned by	y administ	rator)			
11		of Service (only (ed) ● Internal C	onnections	1	Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if	RFP#	00-48E
12	Form 470	Application Nu	mber:	704	340000296620)	16	Billing Account Nu (e.g. billed telephon	ımber: e number)	N	/A
			ŀ					Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		vice Provider ion Number:			143007606			Contract Award Dat (mm/dd/yyyy)			2/2001
								Service State Date (n			/2001
14	Service Pr	ovider Name		Norstan	Communica	tions		Service End Date (m Contract Expiration			/A)/2002
<u> </u>	-							(mm/dd/yyyy)			
21	Description	n of this Service:						of components and cost d note number in space		Attachment #	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi		Number of the en	tity from Block	4 receiving this s	service.	others), list the Entity	58938 –		
				he service is shar e.g. A-1)	ed by all entities	s on a Block 4 w	orksheet, list th	e worksheet number:			
23	Calculatio	ns		g11-1)					<u> </u>	·	
	<u> </u>	Recu	rring Charges			Nor	-Recurring	Charges		Total Charge	S
	A	В	C	D	E	F	G	Н	I	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0	0	0	5,000	0	5,000	5,000	40%	\$2,000

d Ent. A	nnlicant #: 13	1076				Appl. 'c I	Form Identif	or: DMI	DS/710101		
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				iga (Eurdina	Daguagt Num	han) for which a	-		-1		
per the comp	oleted pages to as	sure that	they are	all processed	correctly.	ber) for which	you are reques	sting discounts. M	аке аѕ тапу сор	oies of this page	as necessary, and
N #					(to be	assigned by	v administi	ator)			
Category	of Service (only (ONE cate	egory she	ould be check			15	Contract Number (if			
ļ <u> </u>			O Intern	net Access	• Internal C	onnections	1	nonth-to-month servi	ces as	RFP #	00-48E
Form 470	Application Nu	mber:					16 I	Billing Account No	ımber:	N	/A
ļ				7043	34000029662	D					
							1			12/12	2/2000
					1.42007606		,		te	01/12	1/2001
	ion ranner.				143007000		<u> </u>		nm/dd/yyyy)		
							19b S	Service End Date (m	m/dd/yyyy)		/A
Service Pr	ovider Name			Norstan	Communica	tions			Date	06/30)/2002
Descriptio	n of this Service:						ig breakdown o	f components and co		. Attachmant d	4 LICEATOUALA
											OSFATCHOLO.
Entity/Ent	ities Receiving thi	is						by others), list the En	tity 58952	-	
į			b. If	he service is sh				the worksheet numb	er:		
Calculatio	ns		(e.g	<u>g. A-1)</u>		····					
<u> </u>	Recu	rring Cl	haroes			Nor	-Recurring	harges		Total Charge	
Α									T		K
					·						
amount for ervice)	\$ amount in (A) is ineligible?	pre-di: amo	scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	recurring (one time) \$ charges	the \$ amount in (F) is incligible?	pre-discount \$ amount for one- time charges (F minus G)	year pre-discount \$ amount (E & H)	(from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	()	0	0	7,500	0	7,500	7,500	80%	\$6,000
	Category O Teleco Form 470 SPIN - Se Identificat Service Pr Descriptio Entity/Ent Service:	tact Person: Greg Dav OCK 5: Discount Fundin uctions: Use one Block 5 page ber the completed pages to as N# Category of Service (only of O Telecommunications Se Form 470 Application Num SPIN - Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recu A B Hy \$ charges How much of the \$ amount in (A)	DCK 5: Discount Funding Requestations: Use one Block 5 page for EA ber the completed pages to assure that N # Category of Service (only ONE cate O Telecommunications Services Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recurring Cl A B G A B G A B G A B G A B G B Service Product of the Service of the Servi	tact Person: Greg Davis OCK 5: Discount Funding Request(s) uctions: Use one Block 5 page for EACH serve ber the completed pages to assure that they are ber the completed pages to assure that they are of the completed pages to assure that they are of the completed pages to assure that they are of the completed pages to assure that they are of the completed pages to assure that they are of the completed pages to assure that they are of the category should be catego	tact Person: Greg Davis OCK 5: Discount Funding Request(s) actions: Use one Block 5 page for EACH service (Funding ber the completed pages to assure that they are all processed N # Category of Service (only ONE category should be checked O Telecommunications Services O Internet Access Form 470 Application Number: SPIN – Service Provider Identification Number: Service Provider Name Norstan Description of this Service: You MUST attach a derelevant brand names. If the service is single Number of the end but the service is shelp amount for service amount in (A) is ineligible? Beginner amount for service in length of the service provided in service provided provided in service provided in service provided provided	DCK 5: Discount Funding Request(s) uctions: Use one Block 5 page for EACH service (Funding Request Number the completed pages to assure that they are all processed correctly. N# (to be Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal C Form 470 Application Number: SPIN – Service Provider Identification Number: 143007606 Service Provider Name Norstan Communica Description of this Service: Vou MUST attach a description of the relevant brand names. Label this description of the relevant brand names. Annual prediscount for eligible recurring charges.	Phone Numb OCK 5: Discount Funding Request(s) uctions: Use one Block 5 page for EACH service (Funding Request Number) for which the the completed pages to assure that they are all processed correctly. N# (to be assigned by Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: Total 43007606 Service Provider Name Norstan Communications Description of this Service: Description of this Service: Vou MUST attach a description of the service, including relevant brand names. Label this description with an Access Number of the entity from Block 4 receiving this before the entity from Block 4 receiving this before its shared by all entities on a Block 4 (e.g. A-1) Calculations Recurring Charges A B C D E F Thy \$ charges amount in (A) is incligible? Indicate the formula program year charges ch	Tact Person: Greg Davis DCK 5: Discount Funding Request(s) DCK 5: Discount Funding Request(s) DCK 5: Discount Funding Request(s) Description of this Service: Description of this Ser	Phone Number: 515-242-7773 Page 268 of 319 uctions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Mover the completed pages to assure that they are all processed correctly. N# (to be assigned by administrator) Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 SPIN – Service Provider Identification Number: 143007606 Service Provider Name Norstan Communications Page 268 of 319 Contract Number (if "I' if tariffed service month-to-month service (e.g., billed telephor) 17 Allowable Vendor Scontract Date: (mm John John John John John John John John	Phone Number: 515-242-7773 Page 268 of 319	Phone Number: 515-242-7773 Page 268 of 319 Phone Number: 515-242-7773

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Bille	d Enti, A	pplicant #: 13	1976			Applic	s Form I	dentific	er: DMF	PS4710101		
Con	act Person:	Greg Day	vis .		-	Phone Nu	ımber:	515-24	12-7773			
BLC	OCK 5: Di	scount Fundin	g Request(s)					Page	e 269 of 319			
Instr num	actions: Use per the comp	one Block 5 pag leted pages to ass	ge for EACH so sure that they a	rvice (Funding re all processed	Request Num correctly.	ber) for wh	ich you are	request	ting discounts. Ma	ike as many copie	es of this page a	as necessary, and
FRI	V #				(to be	e assigned	d by adm	inistr	ator)			· · · · · · · · · · · · · · · · · · ·
11	1	of Service (only (mmunications Se	- ,				15	S C "T	Contract Number (if I'' if tariffed service, nonth-to-month services cribed in instruction	"MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	mber:	704	34000029662	0	10	5 B	illing Account Nuc.g. billed telephon	ımber:	N	/ A
<u> </u>							17	7 A	llowable Vendor Se Contract Date: (mm	election/	12/12	2/2000
13	1	rvice Provider ion Number:			143007606		18		Contract Award Dat mm/dd/yyyy)	e	01/12	2/2001
							19		ervice State Date (n ervice End Date (m			/2001
14	Service Pr	ovider Name		Norstai	n Communica	itions	20) C	Contract Expiration mm/dd/yyyy)			/A 0/2002
21	Descriptio	n of this Service:						down of	components and cost note number in space		Attachment i	# USFATCH0105
22	Entity/Ent Service:	ities Receiving thi]	Number of the er	itity from Block	4 receiving	this service.		by others), list the En			
···				If the service is single.g. A-1)	hared by all enti	ities on a Bio	ock 4 worksh	eet, list	the worksheet number	er: 		
23	Calculatio	ns										
		Recu	rring Charge	S			Non-Recu	rring C	Charges		Total Charge	s
	A	В	C	D	E	F		G	Н	I	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthl pre-discount amount (A minus B)	service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual no recurring (c time) \$ charges	one the \$ in ineli	much of amount (F) is gible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	U	0	0	1 0	1 0	7.500	1	0	1 /.500	7.300	1 8U%	X6 DOO

	Applicant #: 13	1976			1	Applic [s]	Form Ide	entifie	r: DM]	PS4710101			
Contact Perso						Phone Numb	per: 5	15-24	2-7773				
LOCK 5:	Discount Fundin	g Reques	st(s)		· · · · · · · · · · · · · · · · · · ·			Page	270 of 319	·			
structions: U	Jse one Block 5 pag	ge for EAC sure that th	CH servi	ice (Funding I all processed	Request Numb	ber) for which	you are r	equesti	ing discounts. M	ake as many	copies	of this page a	is necessary, and
RN#						assigned b	v admi	nistra	itor)	· · · · · · · · · · · · · · · · · · ·			
Categor	y of Service (only	_	-		ed)		15	Co "T	ontract Number (if "if tariffed service onth-to-month servi	, "MTM" if	:	RFP#	00-48E
	communications Se) Intern	et Access	● Internal C	onnections		de	scribed in instruction	ons)			
Form 4	70 Application Nu	mber:		7043	340000296620)	16		lling Account No .g. billed telephor			N.	/ A
							17	Al	lowable Vendor S ontract Date: (mm	election/		12/12	/2000
	Service Provider cation Number:				143007606		18	Co	ontract Award Da			01/12	
	ation i tumber.			,	14300/000		19a		rvice State Date (1	nm/dd/yyyy)		07/01	
							19t		rvice End Date (m				/A
Service	Provider Name			Norstan	Communica	tions	20		ontract Expiration	Date		06/30	/2002
								(m	ım/aa/yyyy)				
Descrip	ion of this Service:							own of	nm/dd/yyyy) components and co note number in spa		low.	Attachment #	USFATCH010
Entity/E	ion of this Service: Intities Receiving th		relevant a. If the	brand names. I	Label this descr specific (provid	iption with an A	ttachment	own of ot #, and	components and co	ce provided be	low. 022 -	Attachment #	USFATCH010
		is	a. If the Nu	service is site-s mber of the ent service is share	Label this descr specific (provid tity from Block	ed to one site an 4 receiving this	ttachment d not shar service.	own of on the standard of the	components and co note number in spa	y 589		Attachment #	USFATCH010
Entity/E	ntities Receiving th	is	a. If the Nu	brand names. I service is site-s mber of the ent	Label this descr specific (provid tity from Block	ed to one site an 4 receiving this	ttachment d not shar service.	own of on the standard of the	components and co note number in spa thers), list the Entit	y 589		Attachment #	USFATCH010
Entity/E Service:	ntities Receiving th	is	a. If the Nu b. if the (e.g	service is site-s mber of the ent service is share	Label this descr specific (provid tity from Block	iption with an A led to one site an 4 receiving this s on a Block 4 w	ttachment d not shar service.	own of ot #, and red by o	components and co note number in spa thers), list the Entit worksheet number:	y 589	022 -	Attachment #	
Entity/E Service:	ntities Receiving th	is	a. If the Nu b. if the (e.g	service is site-s mber of the ent service is share	Label this descr specific (provid tity from Block	iption with an A led to one site an 4 receiving this s on a Block 4 w	attachment ad not shar service. vorksheet,	own of ot #, and red by o list the	components and co note number in spa thers), list the Entit worksheet number:	y 589	022 -		
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	d ·											
Bille	ed Entity A	pplicant #: 13	1976				Applic. s F	Form Identif	ier: DM l	PS4710101		
Con	tact Person	Greg Dav	is .				Phone Numb	ег: 515-2	242-7773			
BLO	OCK 5: Di	scount Funding	g Requ	est(s)		l.		Pag	ge 271 of 319			
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	e for EA	CH serv	ice (Funding all processed	Request Numl correctly.	ber) for which	you are reque	esting discounts. M	ake as many copi	es of this page	as necessary, and
FR	N #			· · · · · · · · · · · · · · · · · · ·		(to be	assigned by	y administ	rator)			
11		of Service (only (mmunications Se		_ ,		ed) ● Internal C	onnections		Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP #	00-48E
12	Form 470	Application Nu	mber:		7043	34000029662()	16	Billing Account No (e.g. billed telephor	umber:	N	/A
·									Allowable Vendor So Contract Date: (mm	v/dd/yyyy)	12/12	2/2000
13		rvice Provider tion Number:			1	143007606			Contract Award Date (mm/dd/yyyy)			2/2001
									Service State Date (r Service End Date (m		· · · · · · · · · · · · · · · · · · ·	/2001 /A
14	Service Pr	ovider Name	<u> </u>		Norstan	Communica	tions	20	Contract Expiration (mm/dd/yyyy)			/A)/2002
21	Descriptio	n of this Service:						g breakdown	of components and cond note number in spa		Attachment	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	s	Nι	imber of the ent	ity from Block	4 receiving this:	service.	others), list the Entit	y 58928 -		
23	Colonialia				service is share g. A-1)	d by all entities	on a Block 4 wo	orksheet, list th	e worksheet number:			
23	Calculatio											
·			rring C	harges			Nor	ı-Recurring			Total Charge	
	A	В	(C	D	E	F	G	H	ľ	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	ame (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	U	0	'	0	0	0	10,000) 0	10,000	10,000	50%	\$5,000

Billed Entil applicant #: 131976	Applic s Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 272 of 319	

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	<u>N #</u>	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE ca O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	w. Attachment # USFATCH0105
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this b. If the service is shared by all entities on a Block 4 	service.		3 -
		(e.g. A-1)	worksheet,	not the worksheet number.	
23	Calculations				

	Recu	rring Charges	•		Nor	-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

		ı ,	ı "	1 '	l ^U	,,500	ı	1 7,000	.,,500	1 5576	Ψ-₹,500	
ıtal	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much o the \$ amount in (F) is ineligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment 5 Request (I x J) \$4,500	
	A	В	C	D	E	F	G	Н	Ĭ	J	К	
			rring Charges			. <u> </u>	-Recurring			Total Charge		
	Calculatio						<u> </u>					
	Coloules			g. A-1)								
	Service:		b. If	umber of the ent	tity from Block ared by all ent	4 receiving this sities on a Block 4	service. worksheet lis	st the worksheet numb	er:			
		tities Receiving th						l by others), list the Er	1 58990 -			
	Descriptio	n or this Service:						of components and cond note number in spa		Attachment #	USFATCH010	
_	Description	n of this Service:	- V V					(mm/dd/yyyy)		70/30		
_	Service Pr	ovider Name		Naretan	Communica	ntions	19b 20	Service End Date (n Contract Expiration		N/A 06/30/2002		
							19a	Service State Date (/2001	
	1	tion Number:		<u>.</u>	143007606		18	Contract Award Da (mm/dd/yyyy)		01/12	2/2001	
	SPIN _ Ser	rvice Provider						Contract Date: (mn	ı/dd/yyyy)	12/12	2/2000	
				704.	34000029662	IJ	17	(e.g. billed telephor Allowable Vendor S				
	Form 470	Application Nu	ımber:	70.4	24000020773		16	Billing Account N		N	/A	
	 	mmunications Se		met Access	• Internal C	Connections		month-to-month serv described in instruction	ices as	KFP #	00-48E	
	Category	of Service (only t	ONE category sl	ould be check	ed)	• ""	15	Contract Number (i "T" if tariffed service		TO \$100 10	00.400	
_	N #					e assigned by	y administ	trator)				
mb	ber the comp	oleted pages to as	sure that they are	e all processed	correctly.	oci y for which y	you are requi	esting discounts. Wi	ake as many copi	es of this page o	as necessary, and	
				vice (Funding	Request Num	her) for which	l `	esting discounts. M	ake as many conju	or of this page	ic negocoary, an	
		scount Fundin						ge 273 of 319				
nt	tact Person	Greg Da		- 		Phone Numb	er: 515-	242-7773				
		pplicant #: 13					Form Identi:		PS4710101			

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Bille	ed Entily A	pplicant #: 13	1976		•		Applic. s I	orm Identif	ier: DMI	PS4710101		
Con	tact Person	Greg Da	vis				Phone Numb	er: 515-2	242-7773			
BLO	OCK 5: Di	scount Fundin	g Reque	est(s)				Pag	ge 274 of 319	······································		
Instr num	uctions: Use ber the comp	e one Block 5 pag oleted pages to as	ge for EA ssure that	CH serv	vice (Funding all processed	Request Numb	per) for which y	you are reque	esting discounts. M	ake as many cop	ies of this page	as necessary, and
FRI	V #					(to be	assigned by	administ	rator)			
11		of Service (only only of Service)				ed) • Internal Co	onnections		Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704	340000296620)	16	Billing Account No (e.g. billed telephor	umber: ne number)	N	/A
	Consideration								Allowable Vendor S Contract Date: (mm	v/dd/yyyy)	12/17	2/2000
13		rvice Provider tion Number:	ŀ			143007606			Contract Award Date (mm/dd/yyyy)			2/2001
									Service State Date (n Service End Date (m			//2001
14	Service Pr	ovider Name			Norstan	Communicat	tions	20	Contract Expiration (mm/dd/yyyy)			0/2002
21	Descriptio	n of this Service:						g breakdown	of components and cond note number in spa		Attachment	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is	b. If	ımber of the en	tity from Block	4 receiving this s	service.	by others), list the Er			
23	Calculatio	ns		<u> </u>	3,/				****			
	<u> </u>	Recu	ırring Cl	narges			Non	-Recurring	Charges		Total Charge	S
	A	В	C	2	D	E	F	G	Н	I	J	К
(tota	hly \$ charges l amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible pre-dis amo (A mir	scount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	()	0	0	5,000	0	5,000	5,000	50%	\$2,500

Cont BLC Instrumt	d Entil, Applicant #: 13 act Person: Greg Da	• •				Applic s	Form Ident	iner: Divi	PS4710101		
BLC Instri	8-	vis				Phone Num		242-7773			
Instri numl	CK 5: Discount Fundin					- Hone Ivani					
umt	OCK 5: Discount Fundin			/m 11				ge 275 of 319		0.1.1	
	ections: Use one Block 5 paper the completed pages to as	ge for EA	they are	all processed	Request Num correctly.	ber) for which	you are requ	esting discounts. M	lake as many copi	es of this page a	is necessary, and
	1 #				(to be	e assigned l	y adminis	trator)			
	O Telecommunications Se				ed) ● Internal C	onnections	15	Contract Number (i "T" if tariffed service month-to-month serv	e, "MTM" if vices as	RFP #00-48E	
	Form 470 Application Na	ımber:					16	described in instructi Billing Account N		N	/ A
				7043	34000029662	0		(e.g. billed telepho			
								Allowable Vendor S		10/10	1/2000
	SPIN - Service Provider			<u>.</u>		Contract Date: (mm/dd/yyyy) 18 Contract Award Date				2/2000	
	Identification Number:			1	143007606	18 Contract Award Date (mm/dd/yyyy)				01/12	2/2001
							19a	Service State Date (/2001
	<u></u>					19b 20	Service End Date (n Contract Expiration			/A)/2002	
	Service Provider Name		Noveton	I 'AMMMILMIAA	finne						
	Service Provider Name				Communica			(mm/dd/yyyy)	Ĭ		
	Service Provider Name Description of this Service:			JST attach a de	scription of the	service, includ	ing breakdown		osts, plus any		USFATCH010
 	Description of this Service: Entity/Entitles Receiving th	is	relevant a. If t	JST attach a de brand names. I he service is sit	scription of the Label this describe- e-specific (pro	e service, includ ription with an a vided to one site	ing breakdown Attachment #, a	(mm/dd/yyyy) of components and co	osts, plus any ace provided below.		
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	Description of this Service: Entity/Entitles Receiving th Service:	is	relevant a. If t Nu b. If t	JST attach a de brand names. I he service is sit mber of the ent	scription of the Label this describe- e-specific (pro- ity from Block	e service, includ ription with an a vided to one site 4 receiving this	ing breakdown Attachment #, a e and not share s service.	(mm/dd/yyyy) of components and co and note number in spa	osts, plus any ace provided below.		
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	Description of this Service: Entity/Entitles Receiving th Service: Calculations	is arring Ch	a. If t Nu b. If t (e.g	JST attach a de brand names. I he service is situmber of the ent he service is sh	scription of the Label this describe- e-specific (pro- ity from Block	service, includ ription with an a vided to one site 4 receiving this ties on a Block	ing breakdown Attachment #, a e and not share s service.	(mm/dd/yyyy) of components and cound note number in spand by others), list the E st the worksheet numb	osts, plus any ace provided below.		USFATCH010
1 2 3 3	Description of this Service: Entity/Entitles Receiving th Service: Calculations		a. If t Nu b. If t (e.g	JST attach a de brand names. I he service is situmber of the ent he service is sh	scription of the Label this describe- e-specific (pro- ity from Block	service, includ ription with an a vided to one site 4 receiving this ties on a Block	ing breakdown Attachment #, a e and not share s service. 4 worksheet, li	(mm/dd/yyyy) of components and cound note number in spand by others), list the E st the worksheet numb	osts, plus any ace provided below.	Attachment #	USFATCH010
2 3 onth	Description of this Service: Entity/Entitles Receiving th Service: Calculations	Eligible pre-dis	a. If the Number of States	JST attach a de brand names. I he service is sit mber of the ent he service is shy. A-1)	scription of the Label this descr e-specific (pro ity from Block ared by all enti	e service, including the service of the service, including the service of the ser	ing breakdown Attachment #, a e and not share s service. 4 worksheet, li	(mm/dd/yyyy) of components and components are components are components are components.	osts, plus any ace provided below. ntity 59002 - per:	Attachment #	USFATCH010

	á[]												
Bille	ed Entity A	pplicant #: 13	1976				Applic s	Form Iden	ntifier	r: DMF	S4710101		
Con	tact Person:	Greg Dav	vis		<u></u>		Phone Num	ber: 51	5-242	2-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	est(s)					Page	276 of 319			
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	e for EA	.CH serv they are	rice (Funding label) all processed	Request Numb	per) for which	you are re	questin	ng discounts. Ma	ke as many copie	es of this page a	as necessary, and
FRI	N #					(to be	assigned b	y admin	istra	tor)			
11		of Service (only (ed) ● Internal Co	onnections	15	"T' mo	ntract Number (if if tariffed service, onth-to-month service; or ibed in instruction	"MTM" if	RFP #	00-48E
12	Form 470	Application Nu	mber:		704:	340000296620)	16	Bil	lling Account Nu g. billed telephon	mber:	N	/A
,_								17	Ail	lowable Vendor Se intract Date: (mm	lection/	12/12	2/2000
13	1	rvice Provider ion Number:			- -	143007606		18	(mı	ntract Award Dat m/dd/yyyy)		01/12	2/2001
			Ī					19a		rvice State Date (n			/2001
14	Service Pr	ovider Name			Norstan	Communica	tions	19b 20	Co	rvice End Date (m ntract Expiration			/A)/2002
21	Descriptio	n of this Service:		You Mi relevan	UST attach a de t brand names. I	scription of the Label this descr	service, includi	ng breakdov Attachment #	wn of c	m/dd/yyyy) components and cos note number in spac	ets, plus any se provided below.	Attachment i	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	.S	Nu	umber of the ent	tity from Block	4 receiving this	service.	•	others), list the En	<u> </u>		
					the service is sh g. A-1)	ared by all entit	ties on a Block	4 worksheet	, list th	e worksheet numbe	er:		
23	Calculatio	ns 	_										
		Recu	rring Cl	harges			No	n-Recurri	ng Ch	arges		Total Charge	s
	A	В	(J	D	E	F	G		Н	I	J	K
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	amo (A mi	scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How muc the \$ ank in (F) i ineligible	ount is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	·	0	0	0	5,000	0	1	5,000	5,000	40%	\$2,000

	4						. 1.					
Bille	d Entity A	pplicant #: 13	1976				Applicant s F	orm Identif	ier: DMI	PS4710101		
Con	tact Person	: Greg Dav	vis				Phone Number	er: 515-2	242-7773			
BLO	OCK 5: Di	scount Funding	g Reques	t(s)				Pag	ge 277 of 319			
Instr num	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EAC sure that th	H service (ley are all p	(Funding l processed	Request Numb	per) for which y	ou are reque	esting discounts. Ma	ake as many copi	es of this page	as necessary, and
FRI	V #					(to be	assigned by	administ	rator)		 	
11		of Service (only (mmunications Se	_	-				15	Contract Number (if "T" if tariffed service, month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account Nu (e.g. billed telephon	ımber:	N	/A
								17	Allowable Vendor Se Contract Date: (mm	election/	12/12	2/2000
13		rvice Provider tion Number:			1	43007606			Contract Award Dat (mm/dd/yyyy)		01/12	2/2001
									Service State Date (n Service End Date (m			/2001 /A
14	Service Pr	ovider Name		· · · · · · · · · · · · · · · · · · ·	Norstan	Communica	tions	20	Contract Expiration (mm/dd/yyyy))/2002
21	Descriptio	n of this Service:						g breakdown	of components and cos and note number in space		Attachment #	USFATCH0105
22	Entity/Ent Service:	lities Receiving thi	_	Numbe	er of the ent	ity from Block	4 receiving this s	ervice.	by others), list the En			
				o. If the so (e.g. A-		ared by all entit	ies on a Block 4	worksheet, lis	t the worksheet numb	er:		
23	Calculatio	ns										
		Recu	rring Cha	rges			Non	-Recurring	Charges		Total Charge	
	A	В	С		D	E	F	G	Н	Ι	J	K
(tota	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible m pre-disce amoun (A minu	ount :	of months service rovided in ogram year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0	5,000	5,000	80%	\$4,000

Billed Entity Applicant #: 131976	Applics Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 278 of	7 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	N #	(to be assigned by	y admini	strator)	
11	O Telecommunications Services		15	Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
····			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy	07/01/2001
			1 <u>9</u> b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	service.		8962 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations		_		 -

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	10,000	0	10,000	10,000	50%	\$5,000

							. ***						\$
Bille	ed Entily A	pplicant #: 13	1976				Applic s I	orm Id	entifi	ier: DMP	S4710101		
Con	tact Person	Greg Dav	vis				Phone Numb	er: 5	15-2	42-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	st(s)					Page	e 279 of 319			
Instr numl	uctions: Use ber the comp	e one Block 5 pag pleted pages to as	ge for EAC sure that t	CH serv hey are	ice (Funding all processed	Request Numl correctly.	ber) for which y	you are r	eques	sting discounts. Ma	ike as many copi	es of this page	as necessary, and
FRI	V #				<u> </u>	(to be	assigned by	y admi	nistr	rator)			
11		of Service (only only of Service)		- •		ed) ● Internal Co	onnections	15	n	Contract Number (if 'T' if tariffed service, month-to-month service	"MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	ımber:		704:	340000296620)	16	described in instructions) Billing Account Number: (e.g. billed telephone number)			N	/A
								17		Allowable Vendor Se Contract Date: (mm/		12/12	2/2000
13	ī	rvice Provider tion Number:				143007606		18		Contract Award Date (mm/dd/yyyy)	e		2/2001
			Ì					198		Service State Date (m		07/0	/2001
14	Service Pr	ovider Name			Noretan	Communica	tions	19t 20		Service End Date (mi Contract Expiration)/A)/2002
						_			((mm/dd/yyyy)		00/30	J/ 2002
21	Descriptio	n of this Service:								of components and cost d note number in space		Attachment	USFATCH0105
22	Entity/Ent Service:	ities Receiving thi	is	Nu	mber of the en	ity from Block	4 receiving this s	service.		by others), list the Ent			
					he service is sh ;. A-1)	ared by all entit	ties on a Block 4	workshe	et, list	the worksheet number	er:		
23	Calculatio	ns		•									
		Recu	rring Ch	arges			Non	-Recur	ring (Charges		Total Charge	s
	A	В	C		D	E	F	G		Н	I	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible n pre-disc amou (A min	count int us B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How me the \$ ar in (F ineligi	nount) is ible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0		0	0	5,000	0		5,000	5,000	90%	\$4,500

.

							,					2,
Bille	ed Entity A	pplicant #: 13	1976				Applic's F	orm Identif	ier: DMI	PS4710101		
Con	tact Person:	Greg Dav	vis				Phone Numb	er: 515-2	242-7773	<u></u>		
BLC	OCK 5: Di	scount Fundin	g Reque	st(s)				Pag	ge 280 of 319		<u></u>	
Instr num	uctions: Use ber the comp	e one Block 5 pag oleted pages to as	ge for EA	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which y	you are reque	sting discounts. Ma	ake as many copi	es of this page	as necessary, and
FR	N #					(to be	assigned by	y administ	rator)		<u> </u>	
11		of Service (only (mmunications Se				ed) • Internal Co	onnections		Contract Number (if "T" if tariffed service, month-to-month servidescribed in instruction	, "MTM" if ces as	RFP #	00-48E
12	Form 470	Application Nu	mber:		7043	340000296620		16	Billing Account Nu (e.g. billed telephon	ımber:	N	//A
									Allowable Vendor So Contract Date: (mm	/dd/yyyy)	12/12	2/2000
13	1	rvice Provider tion Number:	i			143007606			Contract Award Dat (mm/dd/yyyy)			2/2001
									Service State Date (r Service End Date (m			//2001/A
14	Service Pr	ovider Name			Norstan	Communicat	tions	20	Contract Expiration (mm/dd/yyyy))/2002
21	Descriptio	n of this Service:						g breakdown o	of components and cond note number in space		Attachment	USFATCH0105
22	Entity/Ent Service:	tities Receiving thi	is	Nu	mber of the en	tity from Block	4 receiving this s	service.	by others), list the Ent			
23	Calculatio	no		(e.g	g. A-1)							
	Carculatio				**				<u> </u>		m . 1.61	· · · · · · · · · · · · · · · · · · ·
			rring Ch					-Recurring	·		Total Charge	
	A	В	C)	D	E	F	G	Н	I	J	К
(tota	hly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	scount ount nus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0	0	0)	0	0	5,000	0	5,000	5,000	80%	\$4,000

	4H														
Bille	d Entity 14	oplicant #: 13	1976				Applic s Form Identifier: DMPS4710101								
Cont	act Person:	Greg Dav	vis				Phone Number: 515-242-7773								
BLC	OCK 5: Di	scount Funding	g Requ	est(s)			Page 281 of 319								
Instru numb	ictions: Use per the comp	one Block 5 pag leted pages to as	CH serv they are	ice (Funding l all processed	you are i	reque	esting discounts. Ma	ake as ma	iny copie	s of this page a	s necessary, and				
FRN						(to be	assigned by	y admi	nist	trator)					
11		of Service (only (ed) • Internal C	onnections	15		Contract Number (if "T" if tariffed service, month-to-month service described in instruction	, "MTM" i ces as	use f	RFP#	00-48E	
12	Form 470	Application Nu	7043	340000296620)	16		Billing Account Nu (e.g. billed telephon	e numbe	r)	N.	A			
13	SDIN S.	- i P						17		Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	3 SPIN – Service Provider Identification Number: 143007606							18		Contract Award Date (mm/dd/yyyy)			01/12		
	-							19a 19l		Service State Date (m Service End Date (m			07/01 N		
14	Service Pro	ovider Name			Norstan	Communica	tions	20		Contract Expiration (mm/dd/yyyy)			06/30/2002		
21	Description	n of this Service:		You Mi relevant	UST attach a de brand names. I	scription of the Label this descr	the service, including breakdown of components and costs, plus any escription with an Attachment #, and note number in space provided below. Attachment # USFATCI							USFATCH0105	
22	Entity/Ent Service:	ities Receiving thi	s	Nı	imber of the ent	ity from Block	vided to one site 4 receiving this sties on a Block 4	service.	58984 –						
					g. A-1)	area by an enti-	des on a block 4	WOLKSHO	Ct, 113	st the worksheet number	J.				
23	Calculatio	ns ————————				<u></u>						<u>-</u>			
		Recu	rring C	harges			Nor	-Recur	ring	Charges			Total Charges		
	A	В			D	E	F	G	3	Н	I		J	K	
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	ame (A mi	monthly # of months discount for provided in program year program year (C x D) # Of months discount for eligible recurring charges (C x D)		discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How m the \$ as in (F inelig	mount F) is gible?	t pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
	0 0				0	0	50,000	0)	50,000	50,0	000	80%	40,000	
-		<u> </u>			<u>. </u>			L				<u></u>			

Billed Entity Applicant #: 131976	Applicant s Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 282 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRI	N #	(to be assigned by	admini	strator)							
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48E						
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A						
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000						
13	SPIN – Service Provider Identification Number:	143007606	18	Contract Award Date (mm/dd/yyyy)	01/12/2001						
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A						
14	Service Provider Name	Norstan Communications	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002						
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At			ow. Attachment # USFATCH0105						
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.									
23	b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1) Calculations										

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	5,000	0	5,000	5,000	80%	\$4,000	

	<u>/</u>															
Bille	d Entity A	pplicant #: 13	1976				Applicant's F	orm Identif	ier: DMI	PS4710101						
Con	act Person:	Greg Dav	vis				Phone Number: 515-242-7773									
BLC	OCK 5: Di	scount Funding	g Reque	est(s)			Page 283 of 319									
Instr	uctions: Use per the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv	rice (Funding all processed	Request Numb	per) for which y	ou are reque	sting discounts. Ma	ake as many copie	es of this page	as necessary, and				
FRI	RN# (to be assigned by administrator)															
11	-	of Service (only (15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48E				
12	Form 470	Form 470 Application Number: 70434000029						16	Billing Account Nu (e.g. billed telephon	ımber:	N/A					
								17	Allowable Vendor So Contract Date: (mm	election/	12/12/2000					
13	SPIN – Service Provider Identification Number: 143007606							1 1	Contract Award Dat (mm/dd/yyyy)	te	01/12	2/2001				
									Service State Date (r		07/01					
14	Comics D.								Service End Date (m			/A				
		ovider Name			Norstan	Communica	tions		Contract Expiration (mm/dd/yyyy)	06/30)/2002					
21	Description	n of this Service:					the service, including breakdown of components and costs, plus any scription with an Attachment #, and note number in space provided below. Attachment # <u>USFATCH</u>									
22	Entity/Ent Service:	ities Receiving thi	s				ded to one site ar 4 receiving this s		y others), list the Enti	ity 58973 –						
				b.If the					e worksheet number:							
23	Calculatio	ns		<u></u>	<u>3</u>				·	-A.u.						
	•	Recu	rring Cl	narges			Non	-Recurring	Charges		Total Charge	s				
	A	В	(2	D	E	F	G	Н	Ī	J	K				
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible?		(A mi	scount ount nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	ount pre-discount \$ year pre- s amount for one- \$ am		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)					
0 0			()	0	0	5,000	0	5,000	5,000	80%	\$4,000				

And the second s

Bille	اد، راd Enti	oplicant #: 13	1976				Applic	s For	m Identif	ier: DMI	PS47101	01			
Cont	act Person:	Greg Dav	vis			· <u>-</u>	Phone Number: 515-242-7773								
BLO	CK 5: Di	scount Fundin	g Reque	st(s)			Page 284 of 319								
Instru numb	structions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and imber the completed pages to assure that they are all processed correctly.														
FRN	RN # (to be assigned by administrator)														
11		of Service (only ommunications Se		- •		ed) • Internal C	onnections		1	Contract Number (if "T" if tariffed service, month-to-month servidescribed in instruction	, "MTM" i ces as	use f	RFP#	00-48E	
12	Form 470	Application Nu	704	340000296626	0		16	Billing Account Nu (e.g. billed telephon	ımber:	r)	N	'A			
									-	Allowable Vendor Se Contract Date: (mm	/dd/yyyy)		12/12/2000		
13	SPIN – Service Provider Identification Number: 143007606							18 Contract Award Date (mm/dd/yyyy) 19a Service State Date (mm/dd/yyyy)					01/12/2001 07/01/2001		
			l							Service State Date (m Service End Date (m			07/01 N		
14	Service Pro	ovider Name			Norstar	Communica	tions		20	Contract Expiration (mm/dd/yyyy)			06/30		
21	Description	n of this Service:					ne service, including breakdown of components and costs, plus any scription with an Attachment #, and note number in space provided below. Attachment # <u>USFAT</u>							USFATCH0105	
22	Entity/Ent Service:	ities Receiving thi	s	Nu	mber of the en	tity from Block	provided to one site and not shared by others), list the Entity ock 4 receiving this service.								
					he service is st . A-1)	nared by all enti	ties on a Blo	ock 4 wo	orksheet, list	t the worksheet number	er:				
23	Calculation	ns		(-						
		Recu	rring Ch	arges				Non-R	ecurring	Charges		·	Total Charges		
	A	В	C	:	D	E	F		G	Н	I		J	K	
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	Eligible r pre-dis amo (A mir	count unt nus B)	# of months service discount for provided in program year charges (C x D) Annual prediscount for ecurring (one time) \$ in (F) is amount for one-time charges (F minus G) Annual non-tecurring (one time) \$ in (F) is amount for one-time charges (F minus G)		Total program year pre-discount \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)					
0 0 0 0						0	7,500		0	7,500	7,5	00	60%	\$4,500	

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	1														
Bille	ed Entil, Al	pplicant #: 13	1976				Applic s F	orm Ider	ntifie	er: DMF	PS471010)1			
Con	tact Person:	Greg Da	vis	-17			Phone Numb	er: 51	5-24	2-7773		•			
BLO	OCK 5: Di	scount Fundin	g Requ	est(s)				Page 285 of 319							
Instr num	uctions: Use ber the comp	one Block 5 pag eleted pages to as	ge for EA	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which y	you are rec	quest	ing discounts. Ma	ake as ma	ny copie	s of this page a	is necessary, and	
FRI	N #					(to be	assigned by	admin	istra	ator)					
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connection								"T mo	ontract Number (if if tariffed service, onth-to-month servicescribed in instruction	, "MTM" ii ces as		RFP #00-48E		
12	Form 470 Application Number: 7043400002)	16	Bi	illing Account Nu .g. billed telephon	ımber:)	N/A		
······								17	Co	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000		
13	SPIN – Service Provider Identification Number: 14300760							18	(m	ontract Award Dat nm/dd/yyyy)			01/12	//2001	
								19a 19b		ervice State Date (n				/2001	
14	Service Pro	ovider Name			Norstan	Communicat	tions	20	C	ontract Expiration nm/dd/yyyy)		,		/A //2002	
21	Descriptio	n of this Service:							νn of	components and cos note number in space			Attachment #	USFATCH0105	
22	Entity/Ent Service:	ities Receiving th	is	b. If	mber of the en	tity from Block	provided to one site and not shared by others), list the Entity pck 4 receiving this service. entities on a Block 4 worksheet, list the worksheet number:							,	
23	Calculatio	ns		(C.)	3. A-1)										
	<u> </u>	Recu	rring C	harges			Non	-Recurri	ng C	harges			Total Charge	s	
	A	В	(2	D	E	F	G		Н	I		J	К	
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	in (A) pre-di		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges How much of the \$ amount in (F) is ineligible?		Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0				0	0	5,000	0		5,000	5,00	N	80%	\$4,000	

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	4												÷,			
Bille	d Entity A	pplicant #: 13	1976				Applica s	Form Id	entifie	r; DMP	S4710101					
Cont	act Person:	Greg Dav	vis				Phone Number: 515-242-7773									
BLC	OCK 5: Di	scount Funding	g Reque	st(s)			Page 286 of 319									
Instru numb	er the comp	one Block 5 pag eleted pages to ass	ge for EAG sure that t	CH serv they are	ice (Funding l all processed	Request Numl correctly.	ber) for which	ı you are	requesti	ing discounts. Ma	ke as many copie	es of this page a	as necessary, and			
FRN	V #					(to be	assigned l	by admi	nistra	itor)			<u></u>			
11	Category of O Telecon		•	ould be checkenet Access	ed) Internal C	onnections	15	"T	ontract Number (if if tariffed service, onth-to-month service scribed in instruction	"MTM" if	RFP #00-48E					
12	Form 470 Application Number: 7043400002966)	16	Bi (e.	lling Account Nu g. billed telephon	mber: e number)					
					[17		llowable Vendor Se ontract Date: (mm/		12/12/2000							
13 SPIN – Service Provider Identification Number: 143007606								18		ontract Award Datenn/dd/yyyy)	e	01/12	2/2001			
	ļ							19		ervice State Date (n			/2001			
1.4	Comban					·		19		rvice End Date (m			/A			
14		ovider Name				Communica		20	(m	ontract Expiration nm/dd/yyyy)		06/30	0/2002			
21	Description	n of this Service:					e service, including breakdown of components and costs, plus any cription with an Attachment #, and note number in space provided below.					Attachment #	# USFATCH0105			
22	Entity/Ent Service:	ities Receiving thi	s	Nu	mber of the ent	ity from Block	4 receiving thi	s service.		y others), list the En						
					he service is sh . A-1)	ared by all enti	ties on a Block	4 workshe	et, list tl	he worksheet numbe	er:					
23	Calculatio	ns														
	<u> </u>	Recu	rring Ch	arges			N	on-Recur	ring C	harges		Total Charge	s			
:	A	В	C		D	E	F		;	Н	I	J	К			
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	Eligible r pre-dis amo (A mir	count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	the \$ a in (l inelig	is ible?	punt pre-discount \$ year pre- s amount for one- time charges (E & (F minus G)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)			
0		0	0)	0	0	5,000	-1 ()	5,000	5,000	80%	\$4,000			